

Sponsored by: The Sandy Exchange Club & Sandy City





2014 Resource Funding Application

Project Date(s):	*Coordinator Name (Required):	
*Coordinators Address:	* Cell/Home Phone:	*Email:
*A coordinator for the project is required upon application. This is one individual who will accept the responsibility of overseeing the project, ensuring volunteers, making purchases from the start and accounting for grant monies through project completion.		
Location/Project Address:		
Name of Homeowner(s)/Institution:		Tele:
*Signature of Homeowner(s) verifies that he/she is aware and Pride volunteers to render service to the property on their beh		
* Signature of Homeowner:		Date
* Signature of Homeowner:		Date
Description of Project: (Please be specific)		
Luctification for Assistance,		
Justification for Assistance: (Check One) Military Service Veteran	Senior With Financial & Physical Inabilities	☐ Debilitating Disease or Condition
Military Service Veteran	Senior With Financial & Physical Inabilities	☐ Debilitating Disease or Condition
	☐ Senior With Financial & Physical Inabilities	☐ Debilitating Disease or Condition
Military Service Veteran	Senior With Financial & Physical Inabilities	☐ Debilitating Disease or Condition
Military Service Veteran	Senior With Financial & Physical Inabilities	☐ Debilitating Disease or Condition
Military Service Veteran Explain: APPLICANT INFORMATION	Senior With Financial & Physical Inabilities	☐ Debilitating Disease or Condition
Military Service Veteran Explain: APPLICANT INFORMATION Individual Submitting Application	Senior With Financial & Physical Inabilities	☐ Debilitating Disease or Condition
Military Service Veteran Explain: APPLICANT INFORMATION Individual Submitting Application Name:	Senior With Financial & Physical Inabilities	☐ Debilitating Disease or Condition
Military Service Veteran Explain: APPLICANT INFORMATION Individual Submitting Application Name: Street Address:		
Military Service Veteran Explain: APPLICANT INFORMATION Individual Submitting Application Name: Street Address: City:	State:	Zip:
Explain: APPLICANT INFORMATION Individual Submitting Application Name: Street Address: City: Home Phone:	State: Business Phone:	
Military Service Veteran Explain: APPLICANT INFORMATION Individual Submitting Application Name: Street Address: City: Home Phone: Fax:	State:	Zip: Cell Phone:
Military Service Veteran Explain: APPLICANT INFORMATION Individual Submitting Application Name: Street Address: City: Home Phone: Fax: Organization:	State: Business Phone:	Zip: Cell Phone: Position:
Military Service Veteran Explain: APPLICANT INFORMATION Individual Submitting Application	State: Business Phone:	Zip: Cell Phone:

VOLUNTEER NEEDS					
Expertise	Purpose: (list project- i.e., roofing, painting, etc)	#Needed			



SUPPLY EXPENSE REQUES	TS: Supply list/costs <u>must</u> be obtained from Home Depot			
Supply	Purpose/Use	#	Cost	Total

Total Estimate

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Photos depicting areas of improvement should accompany your application upon submission.

Please notate date and project name on the back of each.

Telephone: 801-243-8733